Effective on 12/08/2004.				Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				T			
FEE TRANSMITTAL				lication Number	10/573,63 03/28/200		
For FY 2009							
				т т (
Applicant claims small entity status. See 37 CFR 1.27						savage	
TOTAL AMOUNT OF DAYMENT (\$\2.160.00				127 0 227			
TOTAL AMOUNT OF PAYMENT (\$) 3,160.00				Attorney Docket 2950 - 060834			
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	EXAMINA	NATION FEES					
Small Entity Smal							(0)
	e (\$) Fee (\$			<u>Fee (\$)</u>	Fee (\$)	<u>Fees I</u>	<u>'aid (\$)</u>
Utility 3	330 82	540	270	220	110		
Design 2	220 110	100	50	140	70		
Plant 2	220 110	330	165	170	85		
Reissue 3	330 165	540	270	650	325		
Provisional 2	220 110	0	0	0	0		
2. EXCESS CLAIM FEES							Small Entity
Fee Description Fee (\$)							Fee (\$)
Each claim over 20 (including Reissues) 52							26
Each independent claim over 3 (including Reissues) 220							110
Multiple dependent claims		A	- (0)	T 7 11 (0)		390	195
Total Claims - 20 or	<u>· HP</u> <u>Ext</u>	ra Claims 0 x	Fee (\$)	Fee Paid (\$)		<u>Μαιτιρίε υ</u> <u>Fee (\$)</u>	ependent Claims Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims - 3 or 1	HP Ext	ra Claims	Fee (\$)	Fee Paid (\$)			
<u> </u>	= <u></u>			=			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under							
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof.							
See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
- 100 =							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): Five Month Extension of Time fee (\$2350) and RCE filing fee (\$810) \$3160.00							
SUBMITTED BY							
Signature	\.\.\.\	1		Registration No.		Telephone 4	12-471-8815
Could Nationey/Agent) 01,113							
Name (Print/Type) Ju	lie A. Heitze	enrater U				Date Noven	nber 29, 2010